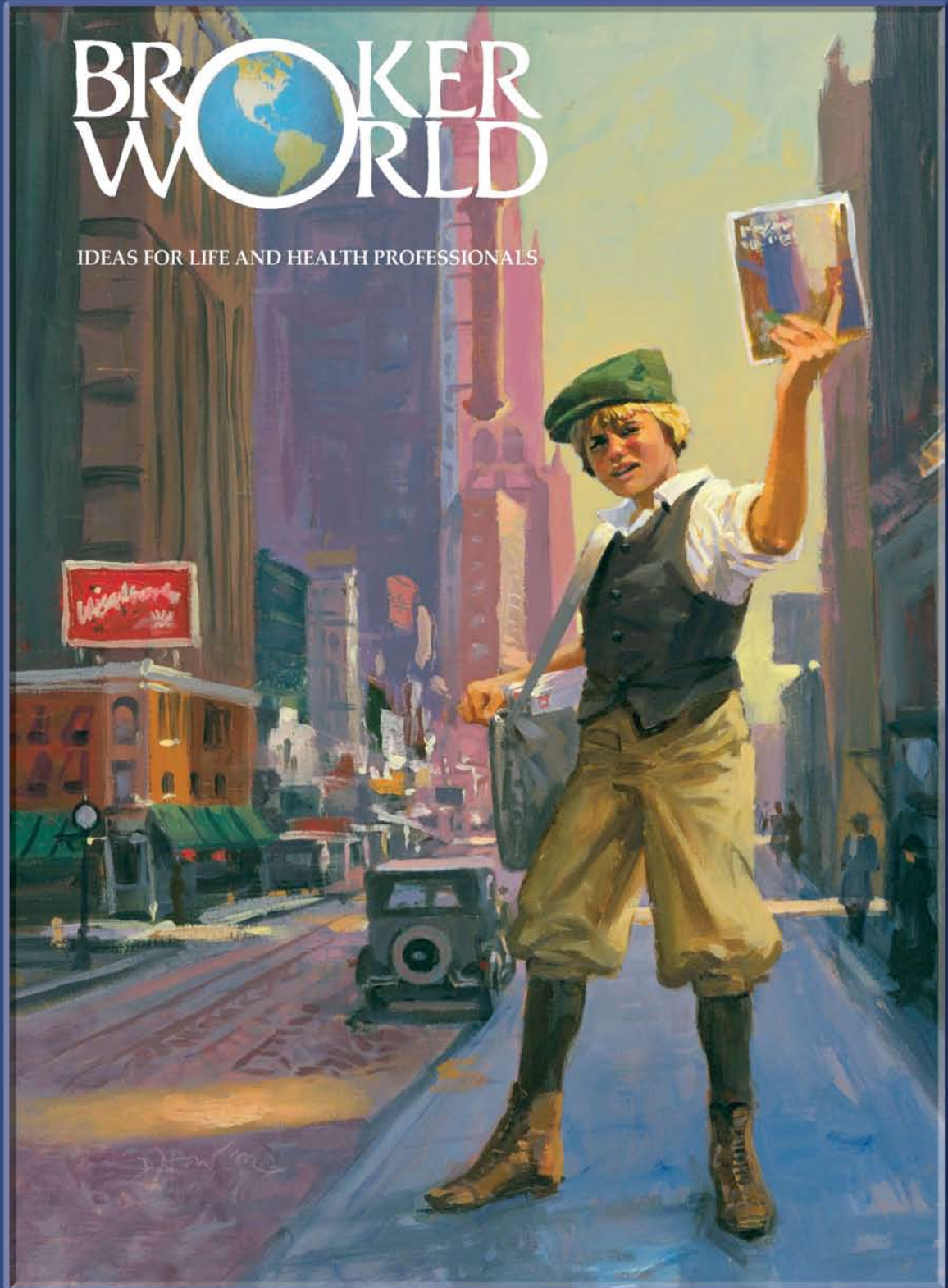


EXHIBIT 2

2012

Long Term Care Survey





**CLAUDE
THAU**

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2012 Long Term Care Insurance Survey

The 2012 Long Term Care Insurance Survey is the 14th consecutive annual review of long term care insurance (LTCI) published by BROKER WORLD magazine. The survey compares products, reports sales distributions and analyzes the changing marketplace.

Unless otherwise indicated, references are solely to the U.S. stand-alone LTCI market and exclude the exercise of future purchase options or other changes to existing coverage. Stand-alone refers to LTCI policies that do not include death, annuity or disability income benefits (other than returning premiums upon death or waiving a surviving spouse's premiums). The data includes multi-life groups, which are certificates or individual policies sold with discounts and/or underwriting concessions, but not guaranteed issue, to groups of people based on common employment or affinity relationships. Except where true group is specifically mentioned, comments and data do not include sales of certificates to groups on a guaranteed issue basis. Note: Comparisons of worksite sales characteristics to overall sales characteristics will be discussed in the August issue of BROKER WORLD magazine.

Highlights from This Year's Survey

• Sales

✓ The 14 carriers that contributed statistical data to this survey sold 195,288 policies for \$453,530,347 of new annualized

premium in 2011 (plus \$5.5 million from 123 single premium policies), 1.3 percent more policies for 7.1 percent more annualized premium in 2011 than in 2010, not counting single premium cases.

considerations:

Most *shared care* policies allow a claimant to dip into their spouse's policy, after exhausting their own policy. If two four-year BP policies are shared, each is counted as a four-year BP policy in this study. While the combined benefit period is limited to eight years, either insured could use more than four years, added value that is not reflected in our 4.32 statistic.

Some *shared care* policies maintain independent coverage for each insured, but add a third pool that either insured could use. If the base coverage is four years, the survey classifies them as four-year policies, but either person has access to eight years of benefit, and the total maximum is 12 years.

Partly offsetting these understatements of protection, there is an overstatement when an eight-year *joint shared* policy is sold; each insured is counted as having an eight-year benefit period, but together they have only eight years. Such sales started to decrease in the latter part of 2011.

Maximum Daily or Monthly Benefit. As indicated in Table 7 the average maximum daily benefit continued to increase slightly, to about \$156 per day. Although the table displays maximum daily benefit, 72.8 percent of 2011 policies were sold with a monthly or weekly maximum, which is superior. Because of higher prices, some buyers are beginning to select lower benefits, focusing on covering meaningful home care coverage and co-insuring some of the cost of nursing home care, should that become necessary.

More than 10 percent of the policies each year have had lower than \$100 a day (or \$3,000 a month) initial maximum benefits. One spouse might not really want coverage or might already have coverage, but buys a minimal policy to obtain a both-buy discount for the other spouse. Sometimes small policies are purchased as core/buy-up multi-life programs or to satisfy minimum number-of-lives requirements.

Benefit Increase Features. Benefit increases were as robust in 2011 as in 2010, which is surprising given some carriers' slogans that "3 percent is the new 5 percent." Applying

Table 7
Sales By Maximum Daily Benefit

Maximum Daily Benefit	2011	2010	2009	2008	2007	2006
Less Than \$100	11.7%	12.0%	12.1%	10.6%	10.6%	10.7%
\$100 - \$149	33.5	32.4	33.6	34.0	37.0	39.9
\$150 - \$199	31.8	31.0	31.3	32.9	32.2	31.7
\$200 - \$249	16.1	17.4	23.0	22.5	20.2	17.7
\$250 - \$299	4.1	3.9	For 2006-2009, policies of \$250 and more are included above with \$200-\$249.			
\$300 and Above	2.8	3.3				

Table 8
Sales by Benefit Increase Type

Benefit Increase Type	2011	2010	2009	2008	2007	2006
Level Premium Benefit Increases						
5% Compound for Life	35.3%	34.9%	41.2%	47.6%	47.7%	47.6%
5% Compound for 20 Years	0.9*	—	—	—	—	—
4% Compound	0.5	0.4	—	—	—	—
3% Compound	17.1	8.8	—	—	—	—
Other Compound	3.5	3.6	6.8	6.1	4.5	5.3
5% Simple for Life	9.7	12.2	14.6	18.3	20.2	19.4
Other Simple	0.0	0.0	0.0	0.5	0.6	0.7
Indexed Level Premium	8.1	14.4	10.9	6.0	3.7	—
Increasing Premium Benefit Increases						
Step-Rated	0.0	0.0	0.0	2.3	2.6	—
Deferred Compound Op	2.0	1.3	—	—	—	—
FPO: Indexed	0.0	0.6	0.4	0.7	0.0	Incl Below
FPO: Fixed	12.8	15.6	16.8	10.1	9.1	12.6
No Benefit Increases	9.2*	7.9	9.0	8.3	11.6	14.3
Other	0.5	0.3	0.4	0.1	0.0	0.2

*Adjusted downward to make the total equal 100.0 percent.

the distribution of benefit increase features (and making some assumptions according to the consumer price index (CPI) and election rates) to project the age 80 maximum benefit for a 58-year-old purchaser, we conclude that 2011 purchasers will have 5 percent more benefit available at age 80

than 2010 purchasers, mainly due to the higher initial maximum daily benefit in 2011. *That's encouraging!*

Three percent compound increases enlarged market share by 8.3 percent at the expense of CPI indexed increases, which were minus 6.3 percent, and 5 per-

SPECIAL FOCUS

2012 Annual Long

The abbreviations in the exhibit include the following.

Row-by-row product details continue on page 14.

Table 17
Description of Abbreviations

Abbreviation	Meaning	Abbreviation	Meaning
AAW	Actively-at-Work	K; KK	One Thousand; One Million
ADL	Activities of Daily Living	LT	Lifetime Benefit Period
Amt(s)	Amount(s)	Max	Maximum
APC	Alternate Plan of Care	MDB	Maximum Daily Benefit
App(s)	Application(s)	MGI	Modified Guaranteed Issue
Alt	Alternate	Mo(s)	Month(s)
Avail	Available	Orig MDB*	Original Maximum Daily Benefit
Ben	Benefit	NA	Not Applicable
BIO*	Benefit Increase Option (Inflation Protection)	NB	New Business
BP	Benefit Period	NH	Nursing Home
CBIO*	Compound Benefit Increase Option (Inflation Protection)	NS	Non-Smoker / Non-User of Tobacco
Comp*	Compound	Pfd	Preferred Risk Class
Coord	Coordination	Prem	Premium
CPI*	Consumer Price Index	Reimb	Reimbursement
Ee(s)	Employee(s)	Rec'd	Received
Elim or EP	Elimination Period	Reqt	Requirement
Er-Pd	Employer-Paid	SUW	Simplified Underwriting
Extra \$	Feature Costs Extra	Svc	Service Days
FC	Facility Care	To 2x*	Until Benefit Doubles
FO	Facility Only	TQ	Tax-Qualified
FPO	Future Purchase Option	UW	Underwriting
HC	Home Care	WP	Waiver of Premium
HC 25%/1Yr	25% of Home Care Benefit for Maximum of 1 Year	w/	With
NH 75%/4Yrs	75% of Nursing Home Benefit for Maximum of 4 Years	x; 2x	Multiplied By; Two Times
HCA	Home Care Agency	Yr(s)	Year(s)
HCBC	Home and Community Based Care	\$	Money (Premium)
HCO	Home Care Only (No Facility Coverage)	<	Less Than
Incl	Included	>	Greater Than
Incr	Increasing	\$75/Trip x	\$75 Per Trip, Limited
IR	Independent Review (Of Claims)	4x/Yr	to Four Times Per Year
			*See page 26, last paragraph under "Benefit Increase Features."

1 COMPANY NAME

2	Policy Type
3	Product Marketing Name
4	Policy Form Number
5	Year First LTCI Policy Offered
6	Year Current LTCI Policy Was Priced
7	Jurisdictions LTCI Available
8	State Partnerships (as of January 1, 2012)
9	Financial Ratings (as of December 31, 2011)
10	A.M. Best
11	Standard & Poor's
12	Moody's
13	Fitch
14	COMDEX Ranking (as of May 1, 2012)

15 Financials (Millions)

16	Assets (December 31, 2011)
17	Surplus (December 31, 2011)
18	Percent Increase (Assets, Surplus)
19	LTCI Premium (Millions)
20	2011 First Year Premium
21	2011 End of Year In-Force Premium
22	Percent Increase (New Business, In-Force)

23 LTCI Lives Insured

24	2011 First Year Issued
25	2011 End of Year In-Force
26	Percent Increase (New Business, In-Force)

27 Policy Ranges and Elimination Period Terms

28	Issue Age Range
29	Daily, Weekly or Monthly Benefit Range
30	Benefit Periods and/or Pools
31	Elimination Periods
32	Vanishing, Cumulative
33	Elimination Period Crediting
34	Zero-Day HCBC EP with Longer NH EP

35 Policy Benefits

36	Number of Benefit Pools, EPs
37	HCBC Payment Basis
38	Indemnity Facility, Indemnity HCBC
39	Full Cash (Disability) Benefit
40	Partial Cash (Disability) Alternative
41	Additional Cash Benefit
42	Assisted Living (Percent of NH Max)
43	Home Care Health Aide (Percent of NH Max)
44	Independent Professional, Non-Professional
45	Homemaker Services
46	Informal Care (Other Than Family)
47	Informal Family Care

48 Benefit Increase Features

49	Lifetime Compound Increases (Level Premium)
50	Lifetime Simple Increases (Level Premium)
51	Other Increases (Level Premium)
52	Increased Before Claims Deducted?
53	Future Purchase Options (FPO)
54	Benefit Increase Comments

55 Other Comments

Term Care Insurance Survey

See page 12 for description of abbreviations.

AMERICAN GENERAL		BANKERS LIFE & CASUALTY		COUNTRY LIFE	
Comprehensive	Comprehensive	Comprehensive	Facility Only	Comprehensive	
American General LTC	GR-N620 (Standard Package)	GR-N650 (Premier Package)	Facility Only LTC	Comprehensive LTC	
8000	GR-N620	GR-N650	LTC-520	LTC-500	
2010		1985		1989	
2009		2009		2004	
All But FL, MA, NY, & VT		All States Except NY		23 States, No Northeast	
30		36 (Incl CA, CT, IN)		17	
A		B+		A+	
A+		BB+		Not Rated	
A2		Ba1		Not Rated	
A		BBB-		Not Rated	
82		52		88	
\$43,532		\$14,516		\$8,947	
\$7,394		\$817		\$1,001	
10%, 26%		6%, 5%		4%, 2%	
\$0.3		\$16.9		\$1.8	
\$0.3		\$554.5		\$24.0	
100%, 73%		-20%, -3%		-11%, 5%	
121		10,374		977	
104		313,140		16,868	
75%, 70%		-22%, -5%		-7%, 4%	
21 - 84		18 - 89		18 - 84	
\$2,000 - \$12,000/Month		\$40 - \$400		\$50 - \$350	
7 Pools: \$100K - \$1KK		1, 2, 3, 4, 5, 6, 8, L (500 - 2,500 Day BP Also Available)		2, 3, 4, 5, L	
30, 90, 180, 365		0, 15, 30, 60, 90, 180, 365, 730, 1095, 1460		30, 90, 180, 365	
Yes, Yes		Yes, Yes		Yes, Yes	
Calendar Days		3 HC/Week=7		Service Days	
Extra Cost; HC Days Retire FC EP		No	Facility Only	No	
1, 1		1, 1	Facility Only	1, 1	
Monthly	Weekly	Monthly	Facility Only	Daily (Monthly Extra \$)	
No, No		No, No	No, NA	Both Extra Cost	
NA		NA		NA	
40% (Automatic)		NA		NA	
NA		25% (Extra Cost)		NA	
100%	50%	100%		100%	
100%	50%	50%, 100%	Facility Only	50%, 100%	
Same, See Cash Alternative		Same, Not Covered	Facility Only	Both Same As Above	
Same As Custodial Care		Must Be Incidental	Facility Only	Must Be Incidental	
Use Cash Alt (Included)		Not Covered	Facility Only		
Use Cash Alt (Included)		Not Covered	Facility Only	Use Excess Indemnity Over Qualified Cost	
3%, 5%		2%, 3%, 4%, 5%		5%	
NA		5%		5%	
NA		2 Decreasing Inflation Options Are Also Offered (See Other Comments)		NA	
Yes		No		No	
NA		15% Every 3 Years		NA	
		FPO: To 89 If No Declines or Claims		NA	
3% & 5% Compound with Graded Premium to Age 65 or For Life		5% Compound Through Age 60. Then Either 3% Compound or 5% Simple Through Age 75. Then 0%; HCO; FO			

SPECIAL FOCUS

• **Company Name** (rows 1 and 56) lists the participating insurers in alphabetical order at the top of each page (Knights of Columbus and John Hancock were reversed for better column readability). Each company may display as many as three products.

• **Policy Type** (row 2) distinguishes between comprehensive, home care only and facility only products, indicating if the product is especially focused for worksite. In row 2 and the "Comment" rows (55 and 106), we identify five insurers which offer facility only coverage and three insurers which offer home care only. Four insurers display worksite only products and one displays a product aimed at the substandard market.

One insurer has a "disability" product (pays the full benefit based only if the insured is chronically ill). Four insurers have products which allow a portion of their home care benefit (ranging from 33 to 40 percent) to be used as a cash alternative. One product offers indemnity coverage (full benefit if someone is chronically ill and incurs a qualified cost) for a higher premium (row 38).

Where appropriate, we have inserted indicators such as "Disability," "Facility Only" to indicate why a particular row might not apply to that product.

• **Product Marketing Name** (rows 3 and 57) is the product's common brand name.

• **Policy Form Number** (row 4) is generic and may vary by state.

• **Year First LTCI Policy Offered** (row 5) is the year the insurer first offered individual LTCI coverage.

• **Year Current LTCI Policy Was Priced** (row 6) is the year the current product was most recently priced.

• **Jurisdictions LTCI Available** (row 7) generally shows the jurisdictions in which the insurer sells, or intends to sell, LTCI. A displayed product may not be available in all of these states.

• **State Partnerships** (row 8) identifies the number of state partnerships in which the insurer participated as of January 1, 2012, and specifically identifies any of the original four state partnerships (CA,

CT, IN and NY) in which the insurer participates.

• **Financial Ratings and Ranking** (rows 9-14) lists each company's ratings from the four major rating agencies (A.M. Best, Standard & Poor's, Moody's, and Fitch). Row 14 shows Ebix's COMDEX ranking as of May 1, 2012.

The COMDEX ranking is from *VitalSigns*, a publication of EbixLife, Inc. EbixLife converts each company's A.M. Best, Standard & Poor's, Moody's, and Fitch ratings into a percentile ranking. For insurers rated by at least two of these rating agencies, EbixLife produces a COMDEX ranking by averaging that insurer's percentile rankings.

The COMDEX ranking has two key advantages: it combines the evaluations of several rating agencies and its percentile ranking makes it easier to understand how a company compares to its peers.

• **Financials** (rows 15-18) reflect the insurer's statutory assets and surplus (in millions) for year-end 2011, and the percentage changes from the previous year. These figures do not include assets and surplus of related companies nor do they reflect assets under management.

• **LTCI Premium** (rows 19-22) lists (1) the annualized premiums (in millions) for policies sold in 2011, and separately, of (2) policies in-force on December 31, 2011, and (3) the percentage changes from the previous year. Single premium sales are excluded from the annualized premium, but the amount of single premium is disclosed parenthetically.

• **LTCI Lives Insured** (rows 23-26) shows the number of lives covered by new policies and by year-end in-force policies, as well as the year-to-year percentage changes.

• **Policy Ranges and Elimination Period Terms** (rows 27-34) shows the product's issue age, daily benefit, benefit period (BP) and elimination period (EP) ranges. It also explains how the EP works.

Issue Age Range shows that only two participants issue LTCI to people older than age 85.

Daily, Weekly or Monthly Benefit Range

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56	COMPANY NAME
57	Product Marketing Name
58	Sales Rep/Source for More Info
59	Ancillary Benefits
60	Bed Reserve Days/Year, Respite during EP?
61	Alternative Plan of Care (APC)
62	Home Modification
63	Caregiver Training Benefit
64	Emergency Alert
65	Equipment Benefit
66	Drug, Ambulance Benefit
67	Claims Issues
68	Conditional Receipt Protection
69	Coverage Beyond USA
70	Provider Discounts (Directly or Indirectly)
71	Care Coordination Available From
72	Third Party Limits
73	Independent Review
74	Premiums and Discounts
75	Preferred Discount
76	Substandard Extra Ratings
77	Two-Spouse, Two-Partner Discounts
78	Requires Identical Coverage?
79	If Spouse is a Surprise Decline?
80	If Spouse Answers Yes to KnockOut Question?
81	One-Spouse Discount (Only 1 Spouse Applies)
82	Maximum Best UW Class & Spouse Discount
83	Later Marriage Earns Discount For
84	Most Common Employer, Affinity Discount
85	Minimum Size Employer Group, Number Apps
86	Minimum Size Affinity Group, Number Apps
87	Credit Card: Frequencies Accepted
88	Non-Level Premiums
89	Fixed Periods
90	Paid Up at Ages
91	Other Options
92	Waiver of Premium
93	First Premium Waived (Days)
94	HCBC Waiver
95	Joint Waiver
96	Return of Premium Upon Death (ROP)
97	ROP Design 1
98	ROP Design 2
99	Other Riders and Features
100	Paid Up Survivor Benefit
101	Both People Must Survive Number of Years
102	Claim-Free Requirement?
103	Shared Care Benefit
104	Other Shared Care Aspects
105	Restoration of Benefits
106	Other Comments
107	Non-Tax-Qualified Policies (NTQ)
108	NTQ: Percent of Sales, Extra Cost
109	NTQ: Facility and Home Care Triggers
110	Combination Policies Offered

Term Care Insurance Survey

See page 12 for description of abbreviations.

AMERICAN GENERAL		BANKERS LIFE & CASUALTY		COUNTRY LIFE	
American General LTC	GR-N620 (Standard Package)	GR-N650 (Premier Package)	Facility Only LTC	Comprehensive LTC	
877-399-7747	www.bankerslife.com		866-856-4760		
30+Other, Incl Below*	60+Other, No	60+Other, 21	30, 30		
Contractual	No	Contractual After EP	Contractual After EP		
10% Lifetime Max*	NA	30 x MDB	Facility Only	50 x MDB	
Included Above*	NA	25% of Monthly HC	Facility Only	3 x MDB	
APC	NA	5% HC MDB; Max 12 Months	Facility Only	50 x MDB	
Included Above*	NA	5% HC MDB; Max 12 Months	Facility Only	50 x MDB	
NA	NA, \$75/Trip x 4x/Year		Facility Only	NA	
Full, After UW Req't	No		No		
International (= Cash Alt For 2 Yrs)	Canada (Other = 30 Days)		No		
No	No		No		
Client's Choice	Through Network		Through Network		
None	None		None		
As Required By Law	As Required By Law		Extended to In Force in States with IR		
10%	10%		10%		
Rarely and Case Specific	25%, 50%, 100%		None		
30%, 30%	35%, 10%		30%, 0%		
No	No		No		
Reduced	Reduced		Reduced		
Reduced	Reduced		Reduced		
15%	15%		15%		
40%	41.50%		40%		
Current & New Spouse	Current & New Spouse		Current & New Spouse		
5%, 5%	NA, 5%		NA		
10, 10	NA		NA		
10, 5	Varies		NA		
M, Q, SA, A	None		None		
NA	10, 20		10		
65 (10 Years If Longer)	NA		65		
See Line 54	NA		NA		
Elimination	Elimination		Elimination		
Yes	Yes		Facility Only	Yes	
Extra Cost	Extra Cost	Automatic	Extra Cost		
Net, 100%	Net; Grades from 10% @4th Year to 100% @ Year 20+		Net, Decrease to \$0 @ Age 80		
NA	NA		NA		
Extra Cost	Extra Cost		Extra Cost		
10	10		10		
Yes, No	No		No		
Permanent Extra \$, Third Pool	Permanent Extra \$, Third Pool		NA	Permanent Extra \$	
Extra Cost	Extra Cost	Included	Extra Cost		
Electronic Submission Available From Proposal System	Extra-Cost Rider Ups Survivor's Daily Benefit 50% But Survivor's Prem is Unchanged; Return of Premium Applies on Lapse Also				
100% TQ	8%, 6%		100% TQ		
NA	Double/2 ADL, Double/2 ADL		NA		
None	Life, Annuities		Life		

2012 Annual Long Term Care Insurance Survey

1	COMPANY NAME	GENWORTH		KNIGHTS OF COLUMBUS	
2	Policy Type	Comprehensive	Comprehensive Worksite	Facility Only	Comprehensive
3	Product Marketing Name	Privileged Choice Flex	LTC Business Solutions	K of C Care	K of C Care
4	Policy Form Number	7052	7050	NHC01	LTC01
5	Year First LTCI Policy Offered	1974		2000	
6	Year Current LTCI Policy Was Priced	2011	2008	1999	
7	Jurisdictions LTCI Available	All States & DC		All States & DC	
8	State Partnerships (as of January 1, 2012)	31 (Incl CA, CT, IN, NY)		None	
9	Financial Ratings (as of December 31, 2011)				
10	A.M. Best	A		A++	
11	Standard & Poor's	A		AAA	
12	Moody's	A2		Not Rated	
13	Fitch	A-		Not Rated	
14	COMDEX Ranking (as of May 1, 2012)	78		100	
15	Financials (Millions)				
16	Assets (December 31, 2011)	\$35,784		\$18,027	
17	Surplus (December 31, 2011)	\$3,205		\$1,687	
18	Percent Increase (Assets, Surplus)	7%, 5%		7%, -1%	
19	LTCI Premium (Millions)				
20	2011 First Year Premium	\$206.5		\$3.6	
21	2011 End of Year In-Force Premium	\$2,195.5		\$44.5	
22	Percent Increase (New Business, In-Force)	45%, 11%		6%, 10%	
23	LTCI Lives Insured				
24	2011 First Year Issued	90,190		2,946	
25	2011 End of Year In-Force	1,149,410		37,071	
26	Percent Increase (New Business, In-Force)	42%, 5%		1%, 8%	
27	Policy Ranges and Elimination Period Terms				
28	Issue Age Range	18 - 79		30 - 85	
29	Daily, Weekly or Monthly Benefit Range	\$50 - \$400		\$50 - \$400	
30	Benefit Periods and/or Pools	2, 3, 4, 5, 6, 8, 10, L		3, 5, L	
31	Elimination Periods	30, 90, 180		30, 60, 90, 180	
32	Vanishing, Cumulative	Yes, Yes		Yes, No	
33	Elimination Period Crediting	Choice of Service Days; or Calendar Days After 1st Expense		Calendar Days	
34	Zero-Day HCBC EP with Longer NH EP	Extra Cost; HC Days Retire FC EP		No	
35	Policy Benefits				
36	Number of Benefit Pools, EPs	1, 1		1, 1	
37	HCBC Payment Basis	Monthly		Facility Only	Monthly
38	Indemnity Facility, Indemnity HCBC	No, No		No, NA	No, No
39	Full Cash (Disability) Benefit	NA		NA	
40	Partial Cash (Disability) Alternative	NA		NA	
41	Additional Cash Benefit	NA		NA	
42	Assisted Living (Percent of NH Max)	50%, 100%	100%	100%	
43	Home Care Health Aide (Percent of NH Max)	50%, 100%	50%, 75%, 100%	Facility Only	100%
44	Independent Professional, Non-Professional	Both Same As Above		Facility Only	Both Same As Above
45	Homemaker Services	Same As Custodial Care		Facility Only	Same As Custodial Care
46	Informal Care (Other Than Family)	Same As Above		Facility Only	Same As Above
47	Informal Family Care	Family Members Only If Normal Compensation as HC Provider Employee		Facility Only	Not Covered
48	Benefit Increase Features				
49	Lifetime Compound Increases (Level Premium)	3%, 5%		5%	
50	Lifetime Simple Increases (Level Premium)	5%		NA	
51	Other Increases (Level Premium)	NA		NA	
52	Increased Before Claims Deducted?	Yes		No	
53	Future Purchase Options (FPO)	NA	15.76% Every 3 Years	10% of Orig MDB Every 2 Yrs Until 2 Straight Declines or On Clm	
54	Benefit Increase Comments	NA			
55	Other Comments	Same Generation Relatives Can Qualify for Spousal Discounts; Coordinates Benefits with All Other LTCI			

See page 12 for description of abbreviations.

JOHN HANCOCK	MASSMUTUAL	MEDAMERICA		MUTUAL OF OMAHA	
Comprehensive	Comprehensive	Comprehensive	Comprehensive with Cash Rider	Comprehensive	Worksite
Custom Care III	SignatureCare 500	Simplicity II	FlexCare	Mutual Care My Way	Mutual Care at Work
LTC-11	MM500-P-1	SPL2-336	FC-336	LTC09M	
1987	2000	1987		1987	
2010	2011	2007	2011	2011	
All States & DC	All States & DC & Puerto Rico	All States & DC		All States & DC	
28 (Incl CA,CT,IN,NY)	33 (Including CT,IN,NY)	16 (Including CT, NY)		32	
A+	A++	B++		A+	
AA-	AA+	A-		A+	
A1	Aa2	Not Rated		A1	
AA-	AA+	Not Rated		Not Rated	
93	99	50		91	
\$218,287	\$148,600	\$1,126		\$5,247	
\$4,971	\$11,417	\$61		\$2,315	
2%, -4%	5%, 10%	18%, -12%		0%, -10%	
\$51.8	\$20.4	\$7.6		\$25.7	
\$1,514.4	\$178.7	\$128.4		\$160.7	
-64%, 1%	34%, 10%	23%, 11%		80%, 17%	
20,585	6,181	4,676		11,944	
724,257	69,329	80,846		88,698	
-66%, 0%	35%, 8%	16%, 1%		59%, 11%	
18 - 79	18 - 84	18 - 85		18 - 79	
\$50 - \$500	\$50 - \$400	\$1,500 - \$16,000/Mo	\$1,500 - \$15,000/Mo	\$1,500 - \$15,000/Month	
2, 3, 4, 5, 6, 10	2, 3, 4, 5, 6	5 Pools: \$100K-\$500K,\$1KK	1, 2, 3, 4, 5, 6, 7, 8, 10	2, 3, 4, 5, 6, 8, L	2, 3, 4, 5, 6, 8
30, 60, 90, 180, 365	30, 60, 90, 180	30, 60, 90, 180	30, 60, 100, 180, 365	0, 30, 60, 90, 180, 365	90, 180, 365
Yes, Yes	Yes, Yes	Yes, Yes		Yes, Yes	
Service Days	Service Days	Calendar Days		Each Calendar Day, Starting with the First Day of Paid Qualified Services	
Extra Cost; HC Days Retire FC EP	Extra Cost; HC Days Retire FC EP	No	Extra Cost	Extra Cost	
1, 1	1, 1	1, 1		1, 1	
Daily (Monthly Extra \$)	Daily (Monthly Extra \$)	Monthly		Monthly	
No, No	No, No	Disability, Disability	NA, NA	No, No	
NA	NA	Automatic	Extra Cost	NA	
NA	NA	Disability	NA	35% of HC (Automatic)*	
15% (Extra Cost)	NA	NA		NA	
100%	100%	100%	50%, 75%, 100%, 125%	50%, 75%, 100%	
100%	100%	75%, 100%	50%, 75%, 100%, 125%	50%, 75%, 100%	
Up to 75% If No HCA in 40 Miles	Same, Not Covered	Disability	Cash Rider Can Cover This	Same, See Cash Alternative	
Must Be Incidental	Same As Custodial Care	Disability	Same As Custodial Care	Same As Custodial Care	
Not Covered	Not Covered	Disability (Cash) Benefit Can Be Used for Any Purpose		Cash Alternative Has 0 Day Elim; If Used It Delays Satisfying the EP Requirements	
Family Members Only If Normal Compensation as HC Provider Ee	Not Covered	With Cash Rider, Benefit Can Be Used for Any Purpose			
5%, CPI	3%, 5%	3%, 5%		3%, 4%, 5%	
NA	NA	5%	3%, 5%	5%	
CPI to Age 75	NA	5% Compound to 2x	5% CBIO to 2x; Tiered; MDB Incr	5% Compound 20 Years	
No	No	No		No	
10%/3 Yrs If No BIO (5%/3 Yrs w/CPI BIO)	NA	NA	10% Every 2 Years Until Declined 2x or On Claim	Can Add 3% or 5% to No-Incr Pol in 1st 5 Yrs If (1) Not Waiving Prem (2) Not Chronically Ill & Rec'd No Bens in Past 2 Yrs	
	NA	NA			
FPO Lost if 2 Declines, Above Age 75 or On Claim in Past 2 Yrs. Option to Convert from FPO to CPI at 65.	Participating Policy: Dividends Payable	Pays Monthly Cash Ben w/o Regard to Svcs or Amts Used; HCO & FO Available	Tiered BIO=5% Comp thru 60, 5% of Age 60 MDB thru 75, Then 0. MDB Incr Doesn't Incr Pool	Up to 2x Monthly Maximum for Injury, Before 65 Additional Amount Not +/- from Pool	

2012 Annual Long Term Care Insurance Survey

56	COMPANY NAME	GENWORTH		KNIGHTS OF COLUMBUS	
57	Product Marketing Name	Privileged Choice Flex	LTC Business Solutions	K of C Care	K of C Care
58	Sales Rep/Source for More Info	www.genworth.com		Paul Ochs 203-752-4069	
59	Ancillary Benefits				
60	Bed Reserve Days/Year, Respite during EP?	60+Other, 30		21, 21	
61	Alternative Plan of Care (APC)	Contractual After EP		By Company Practice	Contractual After EP
62	Home Modification	3 x Monthly Max*		Facility Only	\$1,000/Calendar Year
63	Caregiver Training Benefit	Included Above*		Facility Only	\$500/Calendar Year
64	Emergency Alert	Included Above*		LifePlans Provider Discount Program*	
65	Equipment Benefit	Included Above*		Facility Only	\$1,000/Calendar Year
66	Drug, Ambulance Benefit	NA		NA, \$250/Year	
67	Claims Issues				
68	Conditional Receipt Protection	Limited, After Application	NA	No	
69	Coverage Beyond USA	NH 75%/4 Yrs; HC 25%/1 Yr	NH 75%/4 Years	No	
70	Provider Discounts (Directly or Indirectly)	Yes, for Relatives Too	Yes	Yes	
71	Care Coordination Available From	Through Network		Client's Choice*	
72	Third Party Limits	None		\$500/Calendar Year	
73	Independent Review	Initiates IR for Client		Extended to All States and All In Force	
74	Premiums and Discounts				
75	Preferred Discount	20% (10% for Both-Buy)		None	
76	Substandard Extra Ratings	None		None	
77	Two-Spouse, Two-Partner Discounts	40%, 40%		15%, 0%	
78	Requires Identical Coverage?	No		No	
79	If Spouse is a Surprise Decline?	Reduced		Unchanged	
80	If Spouse Answers Yes to KnockOut Question?	Lost		Unchanged	
81	One-Spouse Discount (Only 1 Spouse Applies)	25% If Second Spouse Applies and Is Not Rejected for a Knockout Reason		10%	
82	Maximum Best UW Class & Spouse Discount	50%		15%	
83	Later Marriage Earns Discount For	Current (If Within 12 Months) & New Spouse		New Spouse	
84	Most Common Employer, Affinity Discount	5%, NA	About 13%, NA	NA	
85	Minimum Size Employer Group, Number Apps	4 Insured Lives (At Least 2 Ees)	7 Issued* Lives	NA	
86	Minimum Size Affinity Group, Number Apps	NA		NA	
87	Credit Card: Frequencies Accepted	M, Q, SA, A (First Payment Only)		None	
88	Non-Level Premiums				
89	Fixed Periods	10		NA	
90	Paid Up at Ages	65		NA	
91	Other Options	NA		NA	
92	Waiver of Premium				
93	First Premium Waived (Days)	Elimination		Elimination	
94	HCBC Waiver	Yes		Yes	
95	Joint Waiver	Automatic w/Shared Care; Otherwise No		Not Offered	
96	Return of Premium Upon Death (ROP)				
97	ROP Design 1	Net, 100% Starts @10th Year		Net, 100% Starts @10th Year	
98	ROP Design 2	Net, Decreasing to \$0 @ Age 75		NA	
99	Other Riders and Features				
100	Paid Up Survivor Benefit	Extra Cost		Not Offered	
101	Both People Must Survive Number of Years	7 or 10		NA	
102	Claim-Free Requirement?	Yes (Alt = No)		NA	
103	Shared Care Benefit	Extra Cost Ends If Partner Dies		Permanent Extra \$	
104	Other Shared Care Aspects	Joint WP; Survivor Protected for At Least 1/2 Original Bucket			
105	Restoration of Benefits	Extra Cost		NA	
106	Other Comments	Online Live+Well Program Developed by Mayo Clinic	*Full UW: Insurable NS Ees Upgraded to Pfd Rates; SUW: Er-Pd Ees & AAW Spouses		
107	Non-Tax-Qualified Policies (NTQ)				
108	NTQ: Percent of Sales, Extra Cost	100% TQ		Only in CA: 0%, 10%	
109	NTQ: Facility and Home Care Triggers	NA		More Than 6 ADLs, Same As TQ	
110	Combination Policies Offered	Life		None	

See page 12 for description of abbreviations.

JOHN HANCOCK	MASSMUTUAL	MEDAMERICA		MUTUAL OF OMAHA	
Custom Care III 800-270-1700	SignatureCare 500 800-767-1000	Simplicity II http://agents.yourlongtermcare.com/	FlexCare	Mutual Care My Way 800-693-6083	Mutual Care at Work
60+Other, No	60+Other, No	Disability, No (Disability After EP)	30+Other, 30	30+Other, 30	
Contractual After EP	Contractual After EP	Disability	Contractual After EP	Contractual After EP	
30 x MDB*	APC	Disability	Same As Emergency Alert	2x Mo Max If Care Coord Is Used*	
Included Above*	5 x MDB	Disability	10x MDB*	Included Above*	
Included Above*	50% of MDB/Month	Disability	Covered Up to MDB, MedAmerica	Included Above*	
Included Above*	APC	Disability	May Agree to Pay More Via APC	Included Above*	
NA	1 x MDB/Mo, 4 x MDB/Yr	Disability	NA	NA	
Full, After UW Reqt	Full, After UW Reqt	No		Full, After UW Reqt	NA
International (365)	1/2 MDB to 1/4 Max LT Benefit	International: Disability	International: Reimbursement	Canada & UK; Indemnity for Other (365)	
Yes, for Relatives Too	No	Yes		No	
Client's Choice	Through Network	Company Staff	Company Staff*	Client's Choice*	
Up to 10 x MDB (1/3 Monthly Max)	None	None		None	
Extended to All States for NB	As Required By Law	Extended to All States and All In Force		As Required By Law	
10%	10%	10%		15%	
25%, 50%	25%, 100%, 400%	None		25%, 50%	
30%, 30%	30%, 30%	40%, 40%	30%, 30%	35%, 35%	
No	No	No		No	
Lost	Reduced	Reduced		Reduced	
Lost	Reduced	Reduced		Reduced	
0%	15%	20%	15%	15%	
35%	37%	46%	37%	44.75%	44.75% (Full UW); 35% (SUW); 15% (MGI)
Current & New Spouse	Current & New Spouse (Sometimes)	Current & New Spouse		Current & New Spouse	
5%, 5%	10%, 10%	5%, 5%	10%, 10%	NA, 5%	10%, NA
5, 3	3, 3	3, 1	3, 1	NA	SUW/MGI: 10, 10; Full UW: 3, 3
10, 3	10, 3	1, 1	3, 1	150 (250 If Not Local), 5	NA
None	None	Q, SA, A		None	
20	NA	10		10, 20	
75	NA	65		65	
NA	NA	NA		NA	
Elimination	Elimination	Elimination		Elimination	
Yes	Yes	Yes		Yes, With 8 Days of Care/Month	
Extra Cost	Extra Cost	Extra Cost		Extra Cost	
Incl: Death Before 65	NA	Full, 100%	Net, 100% to 65, Grades to 0 @75	Net, 100% to Age 65, Then None	
NA	NA	Net, 100%	Net, 100% to 80, Then 0	Either Net or Full, 100%	
Extra Cost	Extra Cost	Extra Cost		Extra Cost	
10	10	10		10	
Yes	No	No		No	
Extra Cost Ends If Partner Dies. If Pool Depleted, Spouse <91 & No Claim in 2 Yrs, Can Buy 2 Yr BP	Permanent Extra \$, Third Pool Avail Only w/2Yr & 3Yr BPs	Permanent Extra \$ Must Keep 2 Years for Spouse	Permanent Extra \$, Third Pool That Can Differ From Client-Specific Pools	Extra Cost Ends If Partner Dies Must Leave 1 Year for Living Spouse	
NA	Extra Cost	Extra Cost		Extra Cost	
Independent Review of Claims Is Binding on JH	Loyal Customer Discount 5% All Yrs; FO Coverage Avail	Claims Paid Beginning of Month; No Need to Prove Amt of Claim	With Cash Benefit Rider, Claims PD Beginning of Month; No Need to Prove Amt of Claim	Spouse Security Benefit Pays 60% of Reimbursement Benefit; Benefits for Injury - Reimbursement Up to 2x Monthly Max	
100% TQ	100% TQ	100% TQ		100% TQ	
NA	NA	NA		NA	
Life, Annuities	None	None		Annuities	

2012 Annual Long Term Care Insurance Survey

1 COMPANY NAME	STATE FARM	TRANSAMERICA
2 Policy Type	Comprehensive	Comprehensive
3 Product Marketing Name	Long Term Care Insurance	TC II
4 Policy Form Number	97062	ICC10 TLC-3
5 Year First LTCI Policy Offered	1997	1987
6 Year Current LTCI Policy Was Priced	2011	2011
7 Jurisdictions LTCI Available	All But MA, NJ, RI	All States & DC
8 State Partnerships (as of January 1, 2012)	26 (Incl CT, IN)	35 (Incl CT, IN)
9 Financial Ratings (as of December 31, 2011)		
10 A.M. Best	A++	A+
11 Standard & Poor's	AA	AA-
12 Moody's	Not Rated	A1
13 Fitch	AA+	AA-
14 COMDEX Ranking (as of May 1, 2012)	98	93
15 Financials (Millions)		
16 Assets (December 31, 2011)	\$108,097	\$102,718
17 Surplus (December 31, 2011)	\$60,791	\$5,122
18 Percent Increase (Assets, Surplus)	1%, -1%	-4%, 19%
19 LTCI Premium (Millions)		
20 2011 First Year Premium	\$13.2	\$14.4 (Plus \$4.5 of Single Premium)
21 2011 End of Year In-Force Premium	\$199.0	\$471.1
22 Percent Increase (New Business, In-Force)	17%, 15%	293%, 1%
23 LTCI Lives Insured		
24 2011 First Year Issued	6,617	7,095
25 2011 End of Year In-Force	128,072	264,020
26 Percent Increase (New Business, In-Force)	13%, 3%	198%, -1%
27 Policy Ranges and Elimination Period Terms		
28 Issue Age Range	30 - 79	18 - 79
29 Daily, Weekly or Monthly Benefit Range	\$100 - \$500 (Weekly for HC)	\$50 - \$400
30 Benefit Periods and/or Pools	2, 3, 5, 10	10 pools \$75K - \$1KK, Also 1, 2, 3, 4, 5, 6, L
31 Elimination Periods	30, 90, 180	0, 30, 60, 90, 180
32 Vanishing, Cumulative	Yes, Yes	Yes, Yes
33 Elimination Period Crediting	Service Days	Service Days
34 Zero-Day HCBC EP with Longer NH EP	No	Included
35 Policy Benefits		
36 Number of Benefit Pools, EPs	1, 1	1, 2 (0-day HC)
37 HCBC Payment Basis	Weekly	Daily (Monthly Extra \$)
38 Indemnity Facility, Indemnity HCBC	No, No	No, No
39 Full Cash (Disability) Benefit	NA	NA
40 Partial Cash (Disability) Alternative	NA	33% (Automatic)
41 Additional Cash Benefit	NA	NA
42 Assisted Living (Percent of NH Max)	100%	100%
43 Home Care Health Aide (Percent of NH Max)	100%	100%
44 Independent Professional, Non-Professional	Same, Not Covered	Same, See Cash Alternative
45 Homemaker Services	Same As Custodial Care	Same As Custodial Care
46 Informal Care (Other Than Family)	Not Covered	Use 33% Cash Alternative (Included) for Any Use
47 Informal Family Care	Not Covered	
48 Benefit Increase Features		
49 Lifetime Compound Increases (Level Premium)	5%	3%, 5%
50 Lifetime Simple Increases (Level Premium)	5%	NA
51 Other Increases (Level Premium)	NA	NA
52 Increased Before Claims Deducted?	No	No
53 Future Purchase Options (FPO)	Yes	No, but Deferred 3% or 5% (See Below)
54 Benefit Increase Comments	\$25 of MDB Every 5 Years From Ages 45-65 If Not Claim-Eligible	If no BIO is Purchased, It Can Be Bought at the 1st, 3rd or 5th Anniversary If Haven't Been Claim-Eligible
55 Other Comments		3% or 5% Step-Rated: Prems & Maximums Incr Same % Each Year

See page 12 for description of abbreviations.

UNITED OF OMAHA			UNITED SECURITY		
Comprehensive	Comprehensive	Worksite	Comprehensive	Comprehensive Substandard	Home Care Only
Assured Solutions Gold Plan	Cash First Plan	Workplace Solutions Flex Plan	LifeStyle Solutions	LifeStyle Solutions Select	Clear Advantage
	LTC09U		CCL3000-TQ	CCL3000TQSelect	HHC-01
	1987			1983	
	2011		2011	2010	2001
	All States & DC		FL, IL, IA, KS, KY, LA, MD, MN, MS, MO, MT, NE, ND, OH, OK, PA, SC, SD, TX, WA & WV		
	32			10	
	A+			B	
	A+			Not Rated	
	A1			Not Rated	
	Not Rated			Not Rated	
	91			Not Ranked	
	\$15,738			\$122	
	\$1,036			\$20	
	4%, -14%			6%, 2%	
	\$19.5			\$3.7	
	\$44.5			\$29.1	
	90%, 73%			13%, -1%	
	9,676			1,635	
	22,992			18,253	
	81%, 68%			26%, 4%	
	18 - 79		40 - 85	40 - 85	18 - 99
\$1,500 - \$15,000/Mo	\$1,500 - \$9,000/Mo	\$1,500 - \$15,000/Mo	\$50 - \$350	\$50 - \$150	\$20 - \$250
2, 3, 4, 5, 6, 8, L	\$50K - \$500K, Lifetime	\$50K - \$500K	1, 2, 3, 4, 5, L	1, 2, 3	1, 2, 3, 4, 5, L
0, 30, 60, 90, 180, 365	0, 30, 60, 90, 180, 365	90, 180, 365	0, 40, 90, 120, 180	90, 120, 180	0, 20, 100, 180, 365
	Yes, Yes		Yes, Yes	Yes, Yes	No, No
Each Calendar Day, Starting with the First Day of Paid Qualified Services			Each Calendar Day, Starting with the First Day of Paid Qualified Services		
	Extra Cost			No	
	1, 1		1, 1		Home Care Only
	Monthly		Monthly		Daily
	No, No			No, No	
	NA			NA	
40% of HC (Automatic)* (50% Option)				NA	
	NA			NA	
50%, 75%, 100%	6: 50% to 100%	50%, 75%, 100%	100%		Home Care Only
50%, 75%, 100%	100%, 2x If Prof	50%, 75%, 100%	100%	50%	Home Care Only
Same, See Cash Alternative			Both Same As Above		
Same As Custodial Care			Same As Custodial Care		
Cash Alternative Has 0 Day Elim;			Not Covered		
The Cash Alternative Does Not Satisfy the EP Requirements			Not Covered		
	3%, 3.5%, 4%, 4.5%, 5%		3%, 5%		5%
	5%		3%, 5%		NA
5% Compound 20 Years; 5% to 2x, 3x or 4x				NA	
	No			No	
Can Add 3% or 5% to No-Incr Pol in 1st 5 Years If (1) Not Waiving Prem (2) Not Waiving Prem (2) Not Chronically Ill & Rec'd No Bens in Past 2 Yrs				NA	
				NA	
Reimburses Up to 2x Monthly Maximum for Injury Before 65. Additional Amount Not Added or Subtracted from Pool			4 Partnership-Certified UW Classes; Includes Programs to Delay Disability & Prolong Independence	Partnership Secured Risk Product. Pre-Existing Exclusion, Incl Programs to Delay Disability & Prolong Independence	

2012 Annual Long Term Care Insurance Survey

56	COMPANY NAME	STATE FARM	TRANSAMERICA
57	Product Marketing Name	Long Term Care Insurance	TC II TC II Worksite
58	Sales Rep/Source for More Info		Carroll Golden 817-285-3451, Carroll.Golden@Transamerica.com
59	Ancillary Benefits		
60	Bed Reserve Days/Year, Respite during EP?	30+Other, 30	60+Other, 30
61	Alternative Plan of Care (APC)	Contractual After EP	Contractual After EP
62	Home Modification	50 x MDB*	60 x MDB If Care Coord Is Used*
63	Caregiver Training Benefit	5 x MDB/Plan of Care	Included Above*
64	Emergency Alert	25% MDB; Max 12 Months	Included Above*
65	Equipment Benefit	Included Above*	Included Above*
66	Drug, Ambulance Benefit	NA	NA
67	Claims Issues		
68	Conditional Receipt Protection	Full, After App	Full, After App
69	Coverage Beyond USA	No	Full in Canada; 75% (365) Elsewhere
70	Provider Discounts (Directly or Indirectly)	No	No
71	Care Coordination Available From	Through Network	Through Network
72	Third Party Limits	None	None
73	Independent Review	As Required By Law	As Required By Law
74	Premiums and Discounts		
75	Preferred Discount	10%	15% Single, 10% Married
76	Substandard Extra Ratings	None	25%, 50%, 75%, 100%
77	Two-Spouse, Two-Partner Discounts	30%, 0%	30%, 30%
78	Requires Identical Coverage?	No	Yes
79	If Spouse is a Surprise Decline?	Unchanged	Reduced
80	If Spouse Answers Yes to KnockOut Question?	Lost	Reduced
81	One-Spouse Discount (Only 1 Spouse Applies)	0%	15%
82	Maximum Best UW Class & Spouse Discount	37%	37%
83	Later Marriage Earns Discount For	Current & New Spouse	Current & New Spouse If Same Policy Form & Benefits
84	Most Common Employer, Affinity Discount	NA	10%, 5%
85	Minimum Size Employer Group, Number Apps	NA	5, Varies with SUW and MGI Concessions
86	Minimum Size Affinity Group, Number Apps	NA	5, 5
87	Credit Card: Frequencies Accepted	M, Q, SA, A	M, Q, SA, A (First Payment Only)
88	Non-Level Premiums		
89	Fixed Periods	NA	1, 10
90	Paid Up at Ages	NA	65
91	Other Options	NA	NA
92	Waiver of Premium		
93	First Premium Waived (Days)	90 Service	Elimination
94	HCBC Waiver	Yes	Automatic but NA if Substandard Class
95	Joint Waiver	Not Offered	Extra Cost
96	Return of Premium Upon Death (ROP)		
97	ROP Design 1	NA	Incl: Death Before Age 67
98	ROP Design 2	NA	Net, 100%
99	Other Riders and Features		
100	Paid Up Survivor Benefit	Not Offered	Not Offered
101	Both People Must Survive Number of Years	NA	NA
102	Claim-Free Requirement?	NA	NA
103	Shared Care Benefit	NA	Extra Cost Ends If Partner Dies. If Pool Depleted, Spouse <91 & No Claim
104	Other Shared Care Aspects		in 2 Years, Can Buy 2 Year BP
105	Restoration of Benefits	Included	Extra Cost
106	Other Comments		No War Exclusion; Reimburses Up to 2x Monthly Maximum for Injury Until Age 67. Additional Amount Not +/- from Pool
107	Non-Tax-Qualified Policies (NTQ)		
108	NTQ: Percent of Sales, Extra Cost	100% TQ	100% TQ
109	NTQ: Facility and Home Care Triggers	NA	NA
110	Combination Policies Offered	None	Life

See pages 12 for description of abbreviations.

UNITED OF OMAHA			UNITED SECURITY		
Assured Solutions Gold Plan	Cash First Plan	Workplace Solutions Flex Plan	LifeStyle Solutions	LifeStyle Solutions Select	Clear Advantage
	800-693-6083			800-872-3044 or www.usa-cal.com	
30+Other, 30			20, 20		Home Care Only, No
Contractual After EP			Contractual Up to 50 x MDB		Contractual After EP
2x Monthly Max If Care Coordination Is Used*			APC up to 50 x MDB*		APC up to 50 x MDB*
Included Above*			5 x HC MDB		5 x HC MDB*
Included Above*			Included Above*		NA
Included Above*			Included Above*		Included Above*
NA			Included Above*		NA
Full, After UW Reqt	NA		No		
Canada & UK; Indemnity for Other (365)			No		
No			No		
Client's Choice*			Through Network		
None			None		
As Required By Law			As Required By Law		
15%			NA		
25%, 50%			25%, 60%, 100%, 200%	NA	25%, 60%, 100%, 200%
35%, 35%			20%, 20%	10%, 10%	10% Off Higher Premium, 0%
No			Yes		
Reduced			Reduced	Reduced	Lost
Reduced			Reduced	Reduced	Lost
15%			15%	10%	0%
44.75%	44.75% (Full UW); 35% (SUW); 15% (MGI)		30%	10%	10% Off Higher Premium
Current & New Spouse			Current & New Spouse	Current & New Spouse	10% Off Higher Premium
NA, 5%	10%, NA		10%, 10%	NA	NA
NA	SUW/MGI: 10, 10; Full UW: 3, 3		5, 2	NA	NA
150 (250 If Not Local), 5	NA		10, 2	NA	NA
None			M, Q, SA, A	M, Q, SA, A	NA
10, 20			NA		
65			NA		
Start at 70%, 80% or 90% of Normal; Level Increase to Age 65, Then Level Until Paid Up at 85			NA		
Elimination			Elim	Not Offered	Elim + 90
Yes, With 8 Days of Care/Month			Yes	Not Offered	Yes
Extra Cost			Not Offered	Not Offered	Extra Cost
Net, 100%	Net, 100% to Age 65, Then None	Net, 100%		NA	
NA	Either Net or Full, 100%	Full, 100%		NA	
Extra Cost			Not Offered	Not Offered	Extra Cost
10			NA	NA	No
No			NA	NA	No
Extra Cost Ends If Partner Dies				NA	
Must Leave 1 Year for Living Spouse					
Extra Cost			NA	NA	Included
Optional 6-10 Year Rate Guarantee					
100% TQ				100% TQ	
NA				NA	
Annuities				None	

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2012 Long Term Care Insurance Survey

Company (Product): Best Rating Class; Up to \$100/Day; 90-Day Elimination Period	Without Benefit Increases				5% Compound Benefit Increases					
	Age 40	Age 50	Age 60	Age 70	Age 40	Age 50	Age 60	Age 70		
90-Day Elimination / Lifetime Benefit Period					Single Insured					
Bankers Life (GR-N620)	\$ 465	\$ 760	\$1,368	\$3,080	\$2,642	\$3,184	\$4,091	\$6,454		
Bankers Life (GR-N650)	662	1,079	1,932	4,293	3,739	4,473	5,725	8,964		
Country Life (Comprehensive)	529	721	1,172	3,123	2,047	2,244	2,743	5,152		
Country Life (Facility Only)	439	586	930	2,444	1,610	1,759	2,134	3,990		
Genworth (Privileged Choice Flex)	872	930	1,389	3,478	1,960	2,116	2,953	5,607		
Genworth (Long Term Care Business Solutions)	719	767	1,153	2,742	1,619	1,745	2,440	4,428		
Knights of Columbus (Comprehensive)	330	608	1,060	2,560	1,230	1,733	2,420	4,482		
Knights of Columbus (Facility Only)	172	316	657	1,792	614	865	1,441	3,012		
Mutual of Omaha (Mutual Care My Way)	779	967	1,409	3,705	2,929	3,575	4,174	7,127		
Transamerica (Transcare II)	529	723	1,252	2,903	2,835	3,324	4,243	7,142		
Transamerica (Transcare Worksite)	476	650	1,126	2,613	2,552	2,992	3,819	6,428		
United of Omaha (Assured Solutions Gold Plan)	794	987	1,437	3,779	2,987	3,647	4,257	7,269		
United of Omaha (Cash First Plan)	723	877	1,246	3,212	2,718	3,240	3,691	6,179		
United Security (LifeStyle Solutions)	787	847	1,377	3,238	2,999	3,073	3,524	5,616		
United Security (Clear Advantage)	390	430	720	1,630	720	790	1,310	2,690		
90-Day Elimination / Three-Year Period					Single Insured					
Bankers Life (GR-N620)	\$268	\$421	\$749	\$1,691	\$1,395	\$1,674	\$2,150	\$3,419		
Bankers Life (GR-N650)	357	561	996	2,231	1,849	2,219	2,851	4,508		
Country Life (Comprehensive)	319	431	689	1,755	1,285	1,411	1,735	2,913		
Country Life (Facility Only)	251	329	505	1,267	913	998	1,220	2,036		
Genworth (Privileged Choice Flex)	467	501	716	1,809	997	1,126	1,481	2,944		
Genworth (Long Term Care Business Solutions)	407	436	626	1,489	869	982	1,292	2,438		
John Hancock (Custom Care III)	333	504	855	1,989	1,962	2,043	2,385	3,753		
Knights of Columbus (Comprehensive)	200	363	626	1,499	724	1,016	1,415	2,612		
Knights of Columbus (Facility Only)	130	236	407	1,049	452	634	883	1,755		
MassMutual (500 Series)	329	482	798	1,931	1,661	1,699	2,065	3,546		
MedAmerica (Flex Care)	248	409	734	1,656	1,355	1,652	2,100	3,283		
Mutual of Omaha (Mutual Care My Way)	381	475	701	1,838	1,432	1,756	2,075	3,536		
Mutual of Omaha (Mutual Care at Work)	287	358	528	1,386	1,134	1,391	1,643	2,799		
State Farm Mutual Auto	358	548	944	1,969	2,356	2,515	2,834	4,125		
Transamerica (Transcare II)	320	411	685	1,622	1,113	1,328	1,795	3,017		
Transamerica (Transcare Worksite)	288	370	617	1,460	1,002	1,195	1,616	2,715		
United of Omaha (Assured Solutions Gold Plan)	388	485	715	1,875	1,461	1,792	2,116	3,606		
United of Omaha (Workplace Solutions Flex Plan)	311	390	576	1,492	1,229	1,511	1,792	3,014		
United Security (LifeStyle Solutions)	508	574	939	1,937	2,188	2,251	2,617	3,523		
United Security (LifeStyle Solutions Select)	1,607	1,812	2,918	5,615	7,151	7,289	8,243	10,821		
United Security (Clear Advantage)	300	330	550	1,240	540	590	980	1,990		
90-Day Elimination / \$100,000 Benefit Pool					Single Insured					
American General	\$435	\$491	\$761	\$1,820	\$1,026	\$1,150	\$1,576	\$2,984		
MedAmerica (Simplicity II)	254	466	917	2,017	1,303	1,716	2,404	3,744		
United of Omaha (Cash First Plan)	372	455	656	1,682	1,399	1,680	1,943	3,236		

SPECIAL FOCUS

Without Benefit Increases				5% Compound Benefit Increases			
Age 40	Age 50	Age 60	Age 70	Age 40	Age 50	Age 60	Age 70

Married Couple

	\$ 605	\$ 988	\$1,778	\$4,004	\$3,435	\$4,139	\$5,319	\$8,391
869	1,424	2,602	6,040	4,910	5,902	7,712	12,609	
706	961	1,563	4,165	2,729	2,992	3,657	6,870	
585	781	1,240	3,259	2,147	2,345	2,845	5,319	
1,090	1,163	1,736	4,348	2,450	2,644	3,692	7,009	
899	959	1,442	3,428	2,024	2,181	3,050	5,535	
561	1,034	1,802	4,353	2,091	2,946	4,115	7,620	
292	538	1,117	3,047	1,044	1,471	2,449	5,121	
1,012	1,258	1,832	4,816	3,807	4,648	5,426	9,265	
784	1,071	1,856	4,303	4,204	4,927	6,290	10,587	
706	964	1,670	3,873	3,784	4,434	5,661	9,528	
1,032	1,283	1,868	4,912	3,884	4,741	5,534	9,450	
939	1,140	1,620	4,175	3,534	4,212	4,799	8,033	
1,260	1,356	2,204	5,019	4,798	4,916	5,639	8,986	
741	817	1,368	3,097	1,368	1,501	2,489	5,111	

Married Couple

	\$ 348	\$ 548	\$ 974	\$2,198	\$1,814	\$2,176	\$2,795	\$4,444
468	736	1,329	3,047	2,428	2,913	3,802	6,161	
425	574	919	2,340	1,713	1,881	2,314	3,884	
335	438	674	1,690	1,217	1,331	1,626	2,714	
584	626	895	2,261	1,246	1,408	1,852	3,681	
509	544	783	1,862	1,086	1,228	1,615	3,048	
481	728	1,235	2,873	2,834	2,951	3,445	5,421	
340	617	1,064	2,548	1,230	1,728	2,406	4,440	
221	401	692	1,784	768	1,078	1,501	2,884	
461	674	1,117	2,703	2,325	2,379	2,891	4,965	
348	572	1,028	2,318	1,898	2,313	2,940	4,596	
495	618	910	2,389	1,862	2,283	2,697	4,596	
373	466	687	1,801	1,474	1,808	2,135	3,639	
501	767	1,322	2,757	3,298	3,521	3,968	5,775	
474	609	1,016	2,404	1,651	1,968	2,662	4,472	
427	548	914	2,164	1,486	1,771	2,396	4,025	
505	630	929	2,437	1,899	2,329	2,751	4,688	
405	506	749	1,939	1,598	1,965	2,329	3,918	
812	919	1,503	3,100	3,501	3,601	4,188	5,637	
2,893	3,262	5,253	10,107	12,871	13,121	14,837	19,477	
570	627	1,045	2,356	1,026	1,121	1,862	3,781	

Married Couple

	\$ 578	\$ 655	\$1,015	\$2,426	\$1,368	\$1,533	\$2,101	\$3,979
305	559	1,100	2,421	1,563	2,059	2,885	4,493	
483	591	853	2,187	1,819	2,183	2,526	4,206	

shows the minimum and maximum policy size that will be issued. The range is shown on a weekly or monthly basis only if home care, assisted living facility care and facility care are always sold on a weekly or monthly basis. Most policies showing a daily benefit range offer an option to determine the benefit on a monthly basis and some issue a daily benefit for one level of care and a monthly benefit for another level of care. The cost of monthly determination of benefits can be reflected in an additional premium and also a reduction in the annual maximum benefit from 365 times the daily benefit to 360 times the daily benefit.

Benefit Period (BP). Only nine participants, down from 11 last year, offer a lifetime benefit period. Four participants offer LTCI policies with BPs as short as one year. The partnerships make one-year benefit periods more common.

Elimination Periods (EP). A cumulative EP means that the requirement could be satisfied in stages. For example, if the policy has a 180-day EP and the policyholder needed qualified care for only 100 days, the remaining EP would be 80 days. A vanishing EP means that once the EP is satisfied, it never has to be satisfied again. One carrier offers a product with a non-vanishing and recurring EP and another has a product that has a non-cumulative EP.

Eight insurers have products that include a calendar-day EP automatically. Calendar-day EP costs more than otherwise-identical service-day EP, but it has the following advantages:

✓ *Clarity.* Unfortunately, even if clients understand service-day EP today, they may forget by the time they go on claim. A calendar-day EP may reduce the potential for disputes, especially if it does not require a paid day to start counting.

✓ *Flexibility.* It is hard to predict what finances, family status and preferences will be at the time of a future claim. Calendar-day EP allows a family to satisfy the EP with family care or perhaps informal care that would not satisfy a service-day EP.

Row 34 indicates whether the insurer